

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

2940

1 PLACE OF DEATH  
County *St. Francois*  
Township *Perry*  
or  
Village  
or  
City *Bonne Terre* (NO. *5*)

Registration District No. *775* File No. *5*  
Primary Registration District No. *6026* Registered No. *5*  
St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME *Ollie Belknap*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OF DIVORCED *Widow*  
(Write the word)  
6 DATE OF BIRTH *July 4, 1833*  
(Month) (Day) (Year)

7 AGE *86* yrs. *7* mos. *10* ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work *House wife*  
(b) General nature of industry, business, or establishment in which employed (or employer) *House*

9 BIRTHPLACE  
(City or town, State or foreign country) *St. Francois Co. Mo.*

PARENTS  
10 NAME OF FATHER *John Dicks*  
11 BIRTHPLACE OF FATHER *Mo.*  
(City or town, State or foreign country)  
12 MAIDEN NAME OF MOTHER *McWilliams*  
*Pennsylvania*  
13 BIRTHPLACE OF MOTHER  
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *Lizzie Husted*  
(Address) *Bonne Terre Mo.*

15 Filed *Jan 15, 1919* *T. A. Son*  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan 15, 1919*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *191*, to *191*, that I last saw him alive on *191*, and that death occurred, on the date stated above, at *m.*

The CAUSE OF DEATH\* was as follows:  
*Natural Causes*  
*unknown*  
*280 H*  
*189*  
(Duration) yrs. mos. ds.

CONTRIBUTORY  
(Secondary)  
(Signed) *G. R. Prasher* M. D.  
*Jan 15, 1919* (Address) *Flat River*

\*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death yrs. mos. ds. In the State yrs. mos. ds.  
Where was disease contracted if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Park View Cemetery* DATE OF BURIAL *January 16, 1919*  
20 UNDERTAKER *P. A. Benham* ADDRESS *Bonne Terre Mo.*

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association.]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia* ("Pneumonia," unqualified, is *Tuberculosis of lungs, meninges, peritonitis*, etc., of *Carcinoma*, *Sarcoma*, etc., of *Cancer* is less definite; avoid use for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic nephritis*, etc. The contributory (secondary or concurrent) affection need not be stated if not important. Example: *Measles* (disease causing death) *29 ds.*; *Bronchopneumonia* (secondary). Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely "Anemia"), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Secondary"), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Shock," "Uræmia," "Weakness," etc. If a definite disease can be ascertained as the cause of death, always qualify all diseases resulting from birth or miscarriage, as "Puerperal sepsis," "Puerperal peritonitis," etc. State the operation which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY as ACCIDENTAL, SUICIDAL, OR HOMICIDE, if probably such, if impossible to determine. Examples: *Accidental drowning*; *Struck by way train—accident*; *Revolver wound—homicide*; *Poisoned by carbolic acid—probable homicide*. The nature of the injury, as fracture of bones, or consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Refer to the Committee on Nomenclature of the Medical Association.)